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CONFIRMATION NO. 3842

<b>SERIAL NUMBER</b> 10/736,266	<b>FILING OR 371(c) DATE</b> 12/15/2003 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> CHM-009
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## APPLICANTS

Michael John Rutter, Cincinnati, OH;

**\*\* CONTINUING DATA \*\*\*\*\*** *APU*  
 This appln claims benefit of 60/433,735 12/16/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *none APU*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 03/23/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>APU</i> Initials			

## ADDRESS

38155

## TITLE

Tracheotomy valve unit

<b>FILING FEE RECEIVED</b> 430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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